

Reimbursement Agreement

Covered Walkway and Façade Improvement Program



This Agreement documents the amount requested for reimbursement under the Covered Walkway and Façade Improvement Program. This should be filed with the Economic Vitality Department after written bids have been received. The approved amount establishes the maximum possible reimbursement for a project unless permission is given in writing for subsequent increases presented as changes orders to any contract between the Property Owner and/or Business Owner and the company or companies undertaking the construction work. The City of Scottsdale will maintain this commitment for a maximum period of six months from the date this agreement is signed by the City. Extensions beyond that time must be requested and approved in writing by the Economic Vitality Department.

Project Address _____ Date of Request _____

Requesting Party (please sign) _____
(must be property owner or designated representative)

Amount of Bid accepted by Property Owner/Business Owner \$ _____
(all three written bids must be on file with this form)

Amount of Reimbursement being requested \$ _____

Initial Amount Approved \$ _____ Date _____

Change Orders:

Change Order	Amount	Reimbursement Requested	Amount Approved	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Final Reimbursement amount approved including all Change orders \$ _____

Final Approval By _____ Date _____

Accepted By _____
(circle one) (Property Owner) (Representative)

Submit forms to: Harold Stewart, Business Services Manager, 480-312-2311
Economic Vitality Department City of Scottsdale email: hstewart@scottsdaleaz.gov
7447 E. Indian School Road Suite 200 Scottsdale, AZ 85251 fax 480-312-2672
Covered Walkway and Façade Improvement Program

Reimbursement Submittal and Approval

Covered Walkway and Façade Improvement Program



Project Name _____
Project Address _____
Owner Name _____
Owner Address _____

Street _____ City _____ Zip _____
Amount of Reimbursement Requested \$ _____
Date of Request _____
Date Reimbursement Issued _____

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 1. The Eligibility Statement is on file and signed by the property owner? | _____ | _____ |
| 2. Three separate written bids for the work have been placed on file? | _____ | _____ |
| 3. All final inspections of the work have been completed and approved by the City of Scottsdale? | _____ | _____ |
| 4. The activities for which the reimbursement is requested meet all the eligibility requirements? Yes ____ No ____ | _____ | _____ |
| 5. If no, specify those that do not qualify and note in an attached list the item(s) and the amount for which no match is available. | | |
| 6. The Property Owner has signed needed encroachment easements? | _____ | _____ |
| 7. The Property Owner has signed the covenant restricting modifications and changes for a ten-year period. | _____ | _____ |
| 8. The Property Owner has provided documentation for all expenses that are to be matched (a minimum of at least \$2,500). The value of in-kind, donated or similar no cost to the Property Owner improvements, services or materials will not be matched. | _____ | _____ |
| 9. An invoice is attached requesting a specific reimbursement | _____ | _____ |
| 10. All lien releases have been secured and recorded. | _____ | _____ |
| 11. A completed W-9 (Request for Taxpayer Identification Number and Certification, www.irs.gov) has been received. | _____ | _____ |
| 12. Reimbursement will be mailed to: | | |
| Name: _____ | _____ | _____ |
| Street Address: _____ | | |
| City: _____ State: _____ Zip _____ | | |
| 13. Amount Authorized for Reimbursement \$ _____ | | |

Requested by _____
Owner or Owners Legal Representative

Authorized by _____ Date _____

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